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CLAIM FORM FOR P2ES HOLDINGS SETTLEMENT BENEFITS

**USE THIS FORM TO MAKE A CLAIM FOR LOST TIME PAYMENTS AND
OUT-OF-POCKET LOSS PAYMENTS**

For more information, call (833) 383-8488 or visit the Settlement Website www.P2settlement.com

**The DEADLINE to submit this Claim Form online (or mail it postmarked) is
February 26, 2024**

I. GENERAL INSTRUCTIONS

If you were impacted in the November 2021 Data Incident experienced by P2ES Holdings, LLC (“Defendant”), as set forth in the Settlement Agreement, you are a Class Member.

The settlement establishes a \$1,250,000 non-reversionary fund, to be used to pay Valid Claims submitted by Class Members as well as for the Costs of Settlement Administration, Administration Fees, Class Representative Service Awards, and attorneys’ fees and expenses as awarded by the Court. As a Class Member, you are eligible to submit claims for cash payments as reimbursement for time and money spent in response to the Data Incident (such as money spent on credit monitoring), as well as for any documented incidents of fraud or identity theft connected to the Data Incident. You must fill out this claim form to receive these benefits.

The benefits are as follows:

Lost Time Claims

You may submit a claim for reimbursement for time spent remedying issues related to the Data Incident. You will be reimbursed at \$25/hour of time spent, **up to \$100 total**. By filling out this claim form, you can attest to the amount of time you spent related to the Data Incident. This can include, for example, time spent on the phone with banks, time spent dealing with replacement card issues or reversing fraudulent charges, time spent researching the Data Incident, time spent monitoring accounts, or time spent freezing your credit. **You do not have to include documentation of your lost time. Instead, you must attest that the time claimed was actually spent as a result of the Data Incident.**

Out-of-Pocket Losses

You are eligible to receive reimbursement of documented out-of-pocket losses reasonably traceable to the Data Incident. You are also eligible to receive reimbursement for money expended as a result of fraud or identity theft, if that money has not been reimbursed from another source. This includes, without limitation:

- Unreimbursed losses relating to fraud or identity theft;
- Professional fees including attorneys’ fees, accountants’ fees, and fees for credit repair services;
- Costs associated with freezing or unfreezing credit with any credit reporting agency;
- Credit monitoring costs that were incurred on or after November 11, 2021; and
- Other expenses reasonably attributable to the Data Incident, such as notary, data charges (if charged based on the amount of data used) fax, postage, copying, mileage, cell phone charges (only if charged by the minute), and long-distance telephone charges.



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These losses must be documented; you must submit copies of documents supporting your claims, such as receipts or other documentation. “Self-prepared” documents, such as handwritten receipts, will not count as documentation, but you can submit them as clarification to other, official documents.

Verified Fraud

You are eligible to submit a claim for verified, documented incidents of fraud, up to \$250 per incident, capped at \$5,000.

Verified Fraud Claims include:

- Fraudulent bank or credit card charges,
- Tax filings,
- Opening of bank and/or credit accounts,
- Unemployment filings,
- Other fraudulent actions taken using your information from the Data Incident.

Class Members with Verified Fraud Claims must submit documentation and attestation supporting their claims. Receipts or other documentation, not “self-prepared” by the claimant, that documents the incident are required. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but may be considered to add clarity or support to other submitted documentation.

\$50 Pro-Rata Residual Cash Payment

After distributing funds for the claims payments set forth above to claimants, as well as attorneys’ fees, Class Counsel’s litigation expenses, Administration Fees, and Service Awards, if there is any money left in the Settlement Fund, the Settlement Administrator will make *pro rata* settlement payments of the remaining Settlement Fund to each Class Member who submits a cash payment claim. The remaining amount of the Settlement Fund will be distributed pro rata for each Class Member who submits a claim, which may increase or decrease the \$50 cash payment amount.

Completing the Claim Form

This Claim Form may be submitted online at **www.P2settlement.com** or completed and mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Jones et al. v. P2 Holdings, LLC
c/o Kroll Settlement Administration LLC
P.O. Box 225391
New York, NY
10150-5391



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Class Members who elect to submit a claim for Lost Time Payment may claim, together with Out-of-Pocket Losses, no more than \$100 at \$25/hour for four hours of time actually spent addressing issues arising from the Data Incident. If you are selecting reimbursement for Lost Time, you must fill in the blanks in this section and sign the certification at the end of the claim form.

I attest that I suffered Lost Time, and that this Lost Time was actually spent as a result of the Data Incident. Specifically, I spent the following number of hours remedying issues related to the Data Incident:

_____ hours (rounded to the nearest half-hour).

II. REIMBURSEMENT FOR OUT-OF-POCKET LOSSES AND/OR VERIFIED FRAUD

Please check off this box for this section if you are electing to seek reimbursement for unreimbursed **Out-of-Pocket Losses**. Such claimed losses above will total no more than \$5,000. You must provide reasonable documentation of the claimed Out-of-Pocket Losses. Self-attested documentation will not suffice.

Please check off this box for this section if you are electing to seek reimbursement for one or more incidents of **Verified Fraud**. Such claimed payments will be \$250/incident, but in total no more than \$5,000. You must provide reasonable documentation for **each** instance of fraud. Self-attested documentation will not suffice.

Making a Claim for Out-of-Pocket Expenses

In order to make a claim for Out-of-Pocket Expenses, **you must** (i) fill out the information below, or fill out a separate sheet to be submitted with this Claim Form; (ii) sign the attestation at the end of this Claim Form (section V); and (iii) include reasonable documentation supporting each claimed loss along with this Claim Form. Out-of-Pocket losses need to be deemed fairly traceable to the Data Incident by the Settlement Administrator based on the documentation you provide and the facts of the Data Incident.

Failure to meet the requirements of this section may result in your claim being rejected by the Settlement Administrator.



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Out-of-Pocket Cost Type	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
<input type="checkbox"/> Unreimbursed fraud losses or charges	____/____/____ (mm/dd/yy)	\$ _____.____	<i>Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges</i> Your documents:
<input type="checkbox"/> Professional fees incurred in connection with identity theft or falsified tax returns.	____/____/____ (mm/dd/yy)	\$ _____.____	<i>Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return</i> Your documents:
<input type="checkbox"/> Credit freeze	____/____/____ (mm/dd/yy)	\$ _____.____	<i>Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services</i> Your documents:
<input type="checkbox"/> Credit Monitoring ordered after November 2021.	____/____/____ (mm/dd/yy)	\$ _____.____	<i>Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services</i> Your documents:
<input type="checkbox"/> Miscellaneous expenses such as notary, fax, postage, gas, copying, mileage, and long-distance telephone charges.	____/____/____ (mm/dd/yy)	\$ _____.____	<i>Examples: Example: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e. police station, IRS office) why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled to remediate or address issues related to the Data Incident</i> Your documents:
<input type="checkbox"/> Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing	____/____/____ (mm/dd/yy)	\$ _____.____	<i>Examples: Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive tax refund and amount of.</i> Your documents:



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<input type="checkbox"/> Other (provide detailed description)	____ / ____ / ____ (mm/dd/yy)	\$ ____ . ____	<i>Please provide detailed description below or in a separate document submitted with this Claim Form</i> Your documents:
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If you **do not submit** reasonable documentation supporting a claim for Out-of-Pocket Losses, or your claim for an Out-of-Pocket Loss payment is rejected by the Settlement Administrator for any reason and you do not cure the defect, only your claims for Lost Time, if such claims are made, will be considered.

Verified Fraud Claims

You are eligible for an up to \$250 payment for each incident of verified fraud you have suffered. Please use the checkboxes below to indicate what kind of fraud you are claiming and describe the documents you're submitting to substantiate the fraud. The payments for verified Fraud Claims are also subject to the \$5,000 cap that applies to out-of-pocket losses.

Verified Fraud Type (Fill all that apply)	Approximate Date of Fraud	Amount Defrauded (even if reimbursed)	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
<input type="checkbox"/> Fraudulent bank or credit card charges	____ / ____ / ____ (mm/dd/yy)	\$ ____ . ____	<i>Examples: Account statement with unauthorized charges highlighted, correspondence with credit card company disputing the charges</i> Your documents:
<input type="checkbox"/> Fraudulent tax filings	____ / ____ / ____ (mm/dd/yy)	\$ ____ . ____	<i>Examples: Letter from IRS or state about tax fraud in your name; Accountant bill for re-filing tax return</i> Your documents:
<input type="checkbox"/> Opening of bank accounts and/or credit cards in your name.	____ / ____ / ____ (mm/dd/yy)	\$ ____ . ____	<i>Examples: Notification from bank of new credit card or account; correspondence with bank about closing the account</i> Your documents:
<input type="checkbox"/> Government benefits taken in your name	____ / ____ / ____ (mm/dd/yy)	\$ ____ . ____	<i>Examples: Notification of unemployment benefits being taken; correspondence with agency regarding issue</i> Your documents:



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If you **do not submit** reasonable documentation supporting a claim for Verified Fraud payments, or your claim for a Verified Fraud payment is rejected by the Settlement Administrator for any reason and you do not cure the defect, only your claims for Lost Time, if such claims are made, will be considered.

VI. CERTIFICATION

By submitting this Claim Form, I certify that I am eligible to make a claim in this settlement and that the information provided in this Claim Form and any attachments are true and correct. I swear and affirm under the laws of the United States of America that the foregoing is true and correct. I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this claim or additional information from me. I also understand that all claim payments are subject to the availability of settlement funds and may be reduced in part or in whole, depending on the type of claim and the determinations of the Settlement Administrator.

Signature: _____ Date: ____ / ____ / ____

Print Name: _____



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